

Rockingham County Recreation

After School Program Parent Handbook 2014-2015



Rockingham County Department



of Parks & Recreation



Main Office:

20 East Gay Street
Harrisonburg, VA 22802
(540) 564-3160
(540) 574-5179 (fax)

If you have any questions
regarding the program, you
must call the After School
number listed here or
Recreation Department.

**PLEASE DO NOT CALL THE
SCHOOL OFFICE**

After School Sites:

Cub Run	476-2916
Fulks Run	476-2919
John C. Myers	271-1834
John Wayland	476-2918
Lacey Springs	578-1599
McGaheysville	476-1656
Mtn. View	578-6016
Ottobine	879-3406
Peak View	476-2917
Pleasant Valley	578-6015

*Please note these telephone
numbers are only answered
between the hours of 2:45–6:00pm.

Administration

The After School program is administered by Rockingham County Parks and Recreation Department. Concerns or questions about this program should be discussed directly with the after school Site Director. If you feel your concerns have not been adequately resolved after discussion with the Site Director, please contact Rockingham Recreation Department at 564-3160 and speak with Ashton Rawley, Recreation Program Supervisor or Kathy McQuain, Director.

Dear Parent/Guardian:

Thank you for choosing Rockingham County Parks and Recreation as your after school care provider. For over 17 years, RCPR has provided safe and enjoyable afterschool experiences in a safe and comfortable environment.

Our staff strives to meet the diverse individual and collective needs of the participants. Each day your child will have the opportunity for creative, play, project and nutritional time. Each site has also added a service learning component for the children and parents to participate in giving back to the community.

One of our key elements is "play". Through the activities we offer, we are hoping to help your child develop life-long leisure and recreational skills.

This parent handbook will familiarize you with payment options, operating hours, schedules, policies and procedures. We encourage you to take the time to review and become familiar with this information. If you have any questions or suggestions, please feel free to contact me at 540-564-3160 or arawley@rockinghamcountyva.gov

Sincerely,

Ashton Rawley

Recreation Programs Supervisor

Purpose and Philosophy

Rockingham County After School program works in partnership with our families, schools and community to provide a fun and nurturing program that meets the diverse needs of our children in a safe and caring environment.

Program Information

Each participant will have the daily opportunity for:

- *Creative Time*: supervised arts and crafts, drama or music activities
- *Play Time*: active games, sports and fun fitness
- *Project Time*: task-oriented activities to stimulate creativity and challenge skills
- *Nutritional Time*: healthy snacks and nutritional education

Program Objectives

- To promote the development and improvement of personal and character skills such as safety, good health, respect, responsibility, caring, fairness, trustworthiness and citizenship.
- To promote the development and improvement of social and interpersonal skills such as acceptance of others, cooperation and conflict resolution.
- To increase exposure to and knowledge of a variety of recreational and leisure activities.
- To have fun with peers in a safe, fun and social environment.

About Our Staff

Our primary concern is the safety and well-being of each child in the program. Staff is selected based on their educational background, experience and commitment to working with children. In addition, staff is required to have criminal history and other background checks, as well as, training in policies and procedures, safety, child development, behavior management and recreation programming.

In keeping with our commitment to safety, our staff is certified in First Aid, CPR and AED. At least two staff members must be present at all times during hours of operation. Our staff to participant ratio will be no greater than 1:20 – most of the time our programs strive to exceed that standard with a ratio of 1:15.

General Information

After School Sites:

Cub Run
Fulks Run
John C. Myers
John Wayland
Lacey Spring
McGaheysville
Mountain View
Ottobine
Peak View
Pleasant Valley

Before School Sites:

Mountain View

Dates / Hours / Age:

- August 19, 2014 to June 4, 2015
(Planned early release dates **are** included)
- After School – school dismissal to 6pm
- Before School - 7am to school start
- Pre-K through 5th grade

Registration Info

- Pre-Registration is required for admission to the After/Before School program
 - Registrations are accepted on a first-come, first served basis
 - **A \$50.00 non-refundable registration fee is issued and must be paid at the time of registration**
 - Completed Registration Form
 - Parent Handbook Agreement & Picture Release (on registration form)
 - Emergency Medical Care Information & Medication Authorization Form
- *All registration information and fees must be received in order for registration to be complete, one week prior to start date

Special Programs Offered

Day Camps : Offered on certain days in which school is scheduled to be closed. Day Camps require a minimum number of participants. If there are not enough participants, the day camp site may be cancelled. Parents can receive a full refund or transfer their enrollment to a different site.

Sites: Cub Run, John Wayland,
Mtn. View & John C. Myers

Work Days:

October 24	January 19
November 3 & 4	February 13

Spring Break: March 30-April 3

Hours: 7:30am – 6pm

Age: Pre-K through 5th grade

Punch Pass: This is designed as a courtesy for the parent who only occasional needs to use the After School program. To use your punch pass, you must call the After School site to inform them of your child's attendance before the day of attendance.

- Registration Form is required
- Registration fee is waived only for the punch pass
- Punch passes are not refundable or transferable
- Punch Passes are not valid for Day Camps or Spring Break
- Punch Passes expire the last day of the current school year, regardless of remaining punches

Payment Info

- Cash, Money Order, Check or Visa/MasterCard accepted
- Fees are due on the first business day of each month
- Payments will not be accepted on site
- The fee options (listed below) provided are the ONLY options available
- There will be no charge for months of August or June
- The full monthly fees will be charged from Sept. thru May *regardless* of school holidays/closings.
- A Sibling discount of \$10 per month per child will be applied to accounts of families attending 5 days per week (First child - \$100, Second child - \$90, Third child - \$90, etc.)
- Receipts can be emailed to those who provide an e-mail address. All others will be by request only.
- No fees will be prorated because of non-attendance
- Monthly tuition not received by the last business day of the month will result in dismissal from the program
- Service is subject to suspension/termination for non-payment. All payments/late charges must be made before services can resume or registering for any other RCPR activity

Payment Methods

- Walk In: Payments can be made at the Rockingham County Administration Center
- Mail In: Rockingham County Parks and Recreation 20 East Gay Street Harrisonburg, VA 22802
- Phone In: Parks and Recreation Office by Visa and MasterCard from 8am – 5pm. 540-564-3160
- Online: www.rockinghamcountyva.gov/recreation and then click on Registration and Payments
- **Auto-Debit:** Payments can be automatically withdrawn from your debit or credit card each month. Please complete the auto-debit form attached to the registration forms to enroll in this service. There is no additional fee for this service

Late Payment

- **Fees are due on the first business day of each month.**
- Late fees will be assessed after the seventh business day of the month.
 - 1st late payment= \$15 late payment fee per child
 - 2nd late payment= \$20 late payment fee per child
 - 3rd late payment= \$30 late payment fee per child
 - 4th late payment will result in termination from the program

Fees

After School		Before School (MVES Only)	
Days per week	Monthly Fee	Days per week	Monthly Fee
5	\$100/\$90 siblings	5	\$60
4		4	
3	\$75	3	\$45
2	\$50	2	\$30
1		1	
Days that are not used during the month will not be carried over to the next month			
Special Programs			
Punch Pass: 5 visits - \$50 (See description on page 4 for details)			
Day Camps for Teacher Workdays (Dates listed on page 4)	\$25 per child	Spring Break Day Camp (March 30-April 3)	\$80-Full Week
			\$25-Daily

Program Attendance Policy:

Parents must notify the After School Site Director if your child will be absent on a regularly scheduled day. You may call anytime during the day and leave a voice mail on the after school programs' phone number located on page two of this handbook.

Sign In / Sign Out:

To ensure the safety of all our participants, consistent communication between staff and parent and accurate record keeping, we require that parents/authorized persons sign in/out their child each day/time of attendance.

- Participants will only be allowed to leave the program with someone other than the parent/legal guardian if written notification from the parent/legal guardian is provided
- Participants are only to be signed out by an individual listed as an authorized pick up person
- All authorized pick up persons must be prepared to show picture identification at time of pick up
- Authorized pick up persons must come into the facility to escort the participant from the afterschool site

Inclement Weather Policy:

~~(includes, but is not limited to: snow, tornado, power outage)~~

Updates can be found at:

- Radio station WSVA
- Other local radio stations
- Rockingham County Parks and Recreation Facebook page
- Rockingham County Parks and Recreation Department Office
- Emails may be sent to the ones on file

Circumstances:

Morning Delay	Before School Closed
Early Dismissal (because of weather)	After School Closed
Closed	Before & After School Closed

Refund & Cancellation Policy:

- Payments will not be prorated due to illness, weather, vacation or disciplinary actions, or non-use, etc.
- Requests for withdrawals form must be completed and received prior to the start of the month (form on pg. 12)

Late Pick Up Policy:

All After School and Day Camps close promptly at 6pm. Each participant must be picked up by 6pm. Please arrive on time or make other arrangements for on-time pick up.

Participants not picked up by 6pm will be assessed a late fee of \$5 plus \$1 for each additional minute. Example: Pick up at 6:05pm=\$10 late fee; Pick up at 6:20pm=\$25

If a participant is not picked up by 6:05 p.m., After School staff will call the parent. If the parent cannot be located, the emergency contact persons will be notified. In the event a child has not been picked up by 6:30 p.m., Rockingham County Department of Parks and Recreation will be notified for further instructions.

Late Pick Up Penalties:

- 1st time: Late fee assessed, verbal warning
- 2nd time: Late fee assessed, written warning
- 3rd time: Late fee assessed, 3-day suspension from program
- 4th time: Late fee assessed, 1-week suspension from program
- 5th time: Termination from program

Food Policy:

- The After School program provides a light, healthy snack each afternoon.
- If attending a Day Camp or Spring Break, each child should pack a lunch, 2 snacks and drinks.
- Please Note: If your child is allergic to certain foods, especially to nuts, it may be beneficial to provide your child with an additional snack in case they cannot eat the snack provided.

Program Schedule:

The After School program is open to children in grades pre-K thru 5th grade. Due to the diversity of grade levels, our After School environment recognizes that all children have different needs; therefore, we incorporate a variety of activities. Where possible, the participants are divided by age for appropriate activities. Typically, groups are divided by grade: Pre-K to 2nd grade and 3rd to 5th grade.

This schedule is an example of a typical day in the After School program and is subject to change.

3:00 – 3:15pm	Sign In-Get settled-Divide groups
3:15 – 3:45pm	<u>Play Time:</u> Active Games, Sports, Fun Fitness (Either in Gym or outdoors)
3:45 – 4:00pm	<u>Nutritional Time:</u> Health Snacks (provided) and education
4:00 – 4:30pm	<u>Homework Time:</u> for those students with homework; Quiet time: for those students without homework
4:30 – 5:00pm	<u>Creative Time:</u> supervised arts/crafts, drama or music
5:00 – 5:30pm	<u>Project time:</u> task oriented activities for creativity or challenge skills
5:30 – 6:00pm	<u>Kids' Choice Time:</u> Kids choose either creative, play or project time

Dress Code / Personal Belongings:

There is no specific dress requirement for After School but we do ask that your child be dressed in comfortable and practical attire. Tennis shoes are recommended. Although very popular with young children, dress shoes, sandals and cowboy boots are not practical for play and outdoor activities. Children may be asked to sit out an activity because of unsafe/inappropriate footwear.

Please mark everything belonging to your child with your child's name. Children should not bring personal items to the After School program, including toys, electronics, etc. Rockingham County Parks and Recreation will not be responsible for damage or lost items. If they have personal articles, they must be left in their back pack or given to the supervisor upon their arrival.

Sick Child:

Please do not send an ill child to the After School program. If your child was absent from school they cannot attend the After School program. The following are recommendations from the Report of the Committee on Control of Infectious Diseases of the American Academy of Pediatrics.

A child will be excluded from the After School Program when any of the following exists:

- Fever (should be free of fever for 24 hours)
- Vomiting or diarrhea (should be free of both for 24 hours before returning to school)
- Any symptom of the usual childhood diseases-scarlet fever, German measles, mumps, chicken pox, whooping cough
- Common cold at onset
- Sore throat
- Croup
- Any unexplained rash
- Any skin infection – boils, ringworm, impetigo, scabies
- Pink eye and other eye infections

****Please notify the staff upon diagnosis of a contagious disease. We ask your cooperation in this matter so your child and others will be protected from illness and disease****

Medication:

- Medication Authorization form must be completed and signed by the parent/guardian if it is medically necessary for a participant to have medication on site. This form will be kept in the child's records on site.
- Medications must be in the original container with the original, in date prescription label
- Medications are to be given to the supervisor by the parent or guardian with dosage instructions clearly indicated.
- All medications will remain in a locked container at the school.

A written log will be kept by after school staff detailing the dates and times medication was dispensed at school.

Behavior Management Policy:

Before / After School Code of Conduct

- Show respect to all participants, staff and administration
- Refrain from causing harm to others (bodily and verbal)
- Refrain from using foul language
- Show respect of all property including equipment, supplies and facilities

Rockingham County Parks and Recreation reserves the right to call parents/guardians to pick up their child if the child is having difficulty functioning cooperatively with others, is unable to participate in group exercises, or is a threat to the safety of themselves or others.

If the techniques listed in our forms of Behavior Management used do not correct a child's behavior, then the child could be either suspended or permanently removed from our program with less than 24 hours' notice.

Expectations of Parents:

To ensure your child's success in the program and to benefit from their experience in our programs, we require that parents/guardians:

- Review this handbook's basic rules of safety and conduct
- Ensure that both you and your child are aware of and understand all rules and expectations
- Be aware that you may be contacted if your child continues to display poor behavior
- Understand the Behavior Management Policy

Behavior Guidelines for Parents:

*Not limited to the items below

- Address the staff respectfully and courteously
- Horseplay (physical or verbal), fighting, bullying, or rough behavior of any kind is not tolerated
- Use of profanity or obscene gestures will not be tolerated
- Parents are not permitted to address or reprimand another child while in our program
- Smoking and possession of alcoholic beverages or illegal substances are not permitted on the premises
- Dangerous toys or weapons (knives, firearms, sharp objects, etc.) are not permitted

Behavior Guidelines for Kids:

1. Safety First
2. Keep all body parts to yourself
3. Respect others and their property
4. Use kind words
5. Follow instructions
6. Use inside voices
7. Staff are not to be climbed on
8. You mess it up, you clean it up
9. Have a positive attitude
10. Have fun

Forms of Behavior Management Used:

- Alternate Behavior Management Techniques: Positive Reinforcement/Natural Consequences, etc.
- Redirection
- Time Out
- Written Discipline Reports
- Written Behavior Plans

Discipline Policy:

1st & 2nd Disciplinary Report=Warning

3rd Disciplinary Report=Parent Conference

4th Disciplinary Report=Suspension or Dismissal from the Program



*Your child may be suspended or dismissed from the program at any time if serious infractions of policy and procedures occur.

The following is a list of behaviors and incidents that will automatically be subject to immediate disciplinary action:

- Use of profanity
- Inappropriate touching
- Disregard for program rules or staff directions
- Disrespect for authority and other participants
- Displaying obscene gestures or inappropriate attire
- Possession of alcohol, drugs, drug paraphernalia or weapons
- Defacing property
- Theft or unauthorized possession of other participants, school or facility property
- Acts or threats of violence or bodily/physical harm directed towards staff or other participants

Quick Fact Information Sheet

Payment / Late Fee Info:

- Fees are due on the first business day of each month.
- Late fees will be assessed after the seventh business day of the month **NO EXCEPTIONS!**
 - 1st late payment= \$15 late payment fee per child 3rd late payment= \$30 late payment fee per child
 - 2nd late payment= \$20 late payment fee per child 4th late payment will result in termination from program
- New payment option for auto debit from your account, fill out information on the registration form.

Early Release Days & Full Day Camps :

- The After School Programs will be open from 1:00-6:00pm on early release days at no additional fee
- Full Day Camps are offered on Teacher Workdays and Spring Break (Additional fees are required. See page 5 of Parent Handbook)
 - Sites:** Cub Run, John Wayland, Mtn. View & John C. Myers **Hours:** 7:30am – 6pm
 - Teacher Work Days:** October 24, November 3 & 4, January 19, February 13 **Spring Break:** March 30-April 3

Inclement Weather:

Information found on Local radio stations, Facebook, RCAC office and emails may be sent to the ones on file.

- Morning School Delay: Before School programs are **closed**
- Early School Dismissal (**because of weather**): After School programs are **closed**.
- School Closed: Before and After School programs are **closed**

Afterschool Phone Numbers:

- Please call and leave a message on the Afterschool phone if child **will not be attending** on a scheduled day.
- | | | | | | |
|---------------|----------|---------------|----------|-----------------|----------|
| Cub Run | 476-2916 | John Wayland | 476-2918 | Ottobine | 879-3406 |
| Fulks Run | 476-2919 | Lacey Spring | 578-1599 | Peak View | 476-2917 |
| John C. Myers | 271-1834 | McGaheysville | 476-1656 | Pleasant Valley | 578-6015 |
| | | Mtn. View | 578-6016 | | |

Reminder:

- Full monthly fees will be charged for December and March. To offset this we do not charge for August or June.
- If you need to increase/decrease the number of days per month your child will be attending the program, please contact the RCPR office at 564-3160. Changes must be made **before** the first day of the month.

Discipline Policy:

1st & 2nd Disciplinary Report=Warning

3rd Disciplinary Report=Parent Conference

4th Disciplinary Report=Suspension or Dismissal from the Program

*Your child may be suspended or dismissed from the program at any time if serious infractions of policy and procedures occur. The following is a list of behaviors and incidents that will automatically be subject to immediate disciplinary action:

- Use of profanity
- Inappropriate touching
- Disregard for program rules or staff directions
- Disrespect for authority and other participants
- Displaying obscene gestures or inappropriate attire
- Possession of alcohol, drugs, drug paraphernalia or weapons
- Defacing property
- Theft or unauthorized possession of other participants, school or facility property
- Acts or threats of violence or bodily/physical harm directed towards staff or other participants

Rockingham County Parks and Recreation
Afterschool Withdrawal Request

Please submit to Parks and Recreation Office

Child(ren)'s Name(s): _____

After School Location: _____

Last Date of Attendance: _____

Do you plan to re-enroll?

☐ Yes, Date: _____

☐ No

Reason for withdrawal:

Parent Signature: _____ Date: _____

In Office Use

Date Received: _____ Staff Initials: _____ Amount Due: _____

☐ Removed from RecTrac

☐ Site Notified

Additional Notes:



After School Registration 2014-2015

ATTENDANCE INFORMATION

- | | | | | |
|------------------------------------|--|--|--|--|
| <input type="checkbox"/> Cub Run | <input type="checkbox"/> John C. Myers | <input type="checkbox"/> Lacey Spring | <input type="checkbox"/> Mountain View | <input type="checkbox"/> Peak View |
| <input type="checkbox"/> Fulks Run | <input type="checkbox"/> John Wayland | <input type="checkbox"/> McGaheysville | <input type="checkbox"/> Ottobine | <input type="checkbox"/> Pleasant Valley |

Afterschool

- | | |
|--|------------------------------------|
| <input type="checkbox"/> 4 or 5 days/week (\$100/mo) | <input type="checkbox"/> Monday |
| <input type="checkbox"/> 3 days/week (\$75/mo) | <input type="checkbox"/> Tuesday |
| <input type="checkbox"/> 1 or 2 day/week (\$50/mo) | <input type="checkbox"/> Wednesday |
| | <input type="checkbox"/> Thursday |
| | <input type="checkbox"/> Friday |

Before School (Mtn. View only)

- | | |
|---|------------------------------------|
| <input type="checkbox"/> 5 or 4 days/week (\$60/mo) | <input type="checkbox"/> Monday |
| <input type="checkbox"/> 3 days/week (\$45/mo) | <input type="checkbox"/> Tuesday |
| <input type="checkbox"/> 1 or 2 days/week (\$30/mo) | <input type="checkbox"/> Wednesday |
| | <input type="checkbox"/> Thursday |
| | <input type="checkbox"/> Friday |

Date to Begin Program _____ ☐ 5 Punch Pass Purchase (no registration fee required) Quantity per child _____

Child's Name	Birthdate	Grade Entering
Child's Address	Town	State Zip

PARENT/GUARDIAN INFORMATION *Custody papers must be attached if parent is not allowed to pick up child*

First Parent/Guardian Name	Cell Phone	Home Phone
Address if different from child	Town	State Zip
Email Address	Employer	Work Phone

Second Parent/Guardian Name	Cell Phone	Home Phone
Address if different from child	Town	State Zip
Email Address	Employer	Work Phone

Child's Physician	Phone
List any serious or chronic medical conditions:	
List any allergies child may have:	
List daily medications:	

EMERGENCY CONTACT INFORMATION-Two people to contact if parents/guardians cannot be reached.

First Emergency Contact Name	Cell Phone	Home Phone
Second Emergency Contact Name	Cell Phone	Home Phone

Person(s) authorized to pick up child (in addition to parents)

Name(s)

Person(s) NOT authorized to pick up child.

Name(s)

AGREEMENTS

Medical

The parent/guardian authorizes the After School Program to obtain immediate medical care if any emergency occurs when he/she cannot be located immediately. The parent(s) guardian agree to inform the program within 24 hours or the next business day after his child or any member of the immediate family has developed a reportable disease, as defined by the State Board of a Health, except for life a threatening disease which must be reported immediately.

Release of Liability

I consent to my child's participation in the After School Program sponsored by the Rockingham Parks and Recreation Department. I waive all rights to release all claims that might be held against the County of Rockingham and agents for any and all injuries or losses which may be suffered because of my child's participation in the After School Program.

Photography Release

I give permission to have my child's picture taken and understand it could be used in Rockingham County Publications, to include the Parks and Recreation website, social media and future advertisements. The child's name will not be used. **[_] YES** **[_] NO**

Financial Commitment

I understand I am responsible for all charges associated with this enrollment, including any late fees. I also acknowledge that I have received a current copy of the After School Parent Handbook and understand all policies and procedures outlined.

Parent/Guardian Signature_____ **Date**_____

Emergency Alert for Allergic Reaction

***** FILL OUT ONLY IF CHILD HAS ALLERGIES *****

My child is at risk for a life-threatening allergic reaction

- ☐ Yes
- ☐ No

My Child has an allergic reaction to:

- ☐ Bees
- ☐ Latex
- ☐ Food (Please specify)_____
- ☐ Other _____

Please check circumstances which reaction could occur:

- ☐ Skin contact
- ☐ Ingestion (eating allergen)
- ☐ Inhalation (breathing allergen)

My child's allergy was identified through allergy testing:

- ☐ Yes
- ☐ No

My child had his/her last reaction on the following date:

My child had the following symptoms during the reaction:

- ☐ Red, watery eyes
- ☐ Shortness of breath
- ☐ Coughing
- ☐ Swelling
- ☐ Hives
- ☐ Dizziness
- ☐ Nausea/Vomiting
- ☐ Runny nose
- ☐ Tightening of throat

Other _____

If an allergic reaction would occur at school, personnel will administer first aid (remove stinger, apply ice, observe for 15 minutes and record side effects). You will be notified of the incident immediately. Please indicate which further treatment a health care provider is recommending for your child:

- ☐ Administer medication – Name and dosage: _____
- ☐ Call 911 Immediately
- ☐ Call Physician

****Please note that 911 will be called if an EpiPen is given or if your child is demonstrating symptoms of a systemic allergic reaction** If medication is necessary, please complete the Medication Authorization Form.**

Additional Notes:

ROCKINGHAM COUNTY PARKS AND RECREATION DEPARTMENT

INCLEMENT WEATHER FORM

In the event Rockingham County Public Schools are dismissed due to inclement weather, or any other unforeseen reason, Rockingham County Parks and Recreation Department After School Program will **not** be open. Please assist your child's school in planning for such early dismissal days by completing the bottom of this letter. Please remember, due to the confusion and fast pace of activities that occur, your child's school is not able to call parents on early dismissal days.

Child's Name: _____ Grade: _____ Teacher: _____

School Attending _____

In the event your child's school is unexpectedly dismissed early, the child listed above will:

☐ Ride bus(s) number # _____ address: _____ Name & Relationship (ie, John Doe, Baby Sitter)

☐ Be picked up-Authorized person(s) for pick up:

1) Name: _____ Phone Number: _____

2) Name: _____ Phone Number: _____

3) Name: _____ Phone Number: _____

These parents or individuals can contact (the school) with any urgent questions on early dismissal days (please keep in mind, the school will only call if warranted by an urgent or emergency situation)

Parent/Guardian Signature _____ Date: _____

ADDITIONAL INFORMATION

We look forward to getting to know your Any additional comments that we should be aware of that will provide valuable information for the After School personnel:

***For office use only**

AUTOMATED DEBIT/CREDIT CARD PAYMENT AUTHORIZATION FORM

Child(ren) Names: _____

School: _____

Attendance:

- ☐ 4 or 5 days/week
☐ 3 days/week
☐ 1 or 2 day/week

Fill out the following information if you would like to have your Afterschool payments automatically deducted from your account. Payments will be processed on the **first business day of each month**.

***** There are no additional charges or fees for using this service. *****

(Name as it appears on card)

First

Middle/Initial

Last

Card Information

- ☐ Visa - debit or credit card
☐ MasterCard - debit or credit card

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Expiration Date ____/____

CVC Number (3 digit verification code on back of card) ____

Amount to be deducted monthly from my account \$ _____

Based on the information above, I (person responsible for making the account payments) authorize the Rockingham County Parks and Recreation Department to begin making charges to my debit/credit card for payments. I will contact RCPR immediately in case of a change in my account information, which can result in a late fee charge. I understand that this form will expire at the end of the 2014-2015 school year.

Signature _____ Date: _____